



## 2009 Carlsbad Triathlon Change to Entry

If you are changing from Individual to Relay Team, you will need to submit a check for the difference in registration fee and a waiver with each relay team member's signature. Please make checks payable to "City of Carlsbad." No refunds will be given when transferring from Relay Team to Individual.

Please mail to the following address:

CARLSBAD TRIATHLON  
c/o WB Productions  
P.O. Box 1868  
Fallbrook, CA 92088  
Note: CHANGE FORM

All change requests must be submitted by July 1, 2009. NO EXCEPTIONS

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dollar amount enclosed (If Applicable) \$ \_\_\_\_\_

I hereby authorize WB Productions to make the indicated changes to my entry into the 2008 Carlsbad Triathlon.

Signature: \_\_\_\_\_

You must place an X in each section!

### I am currently registered for:

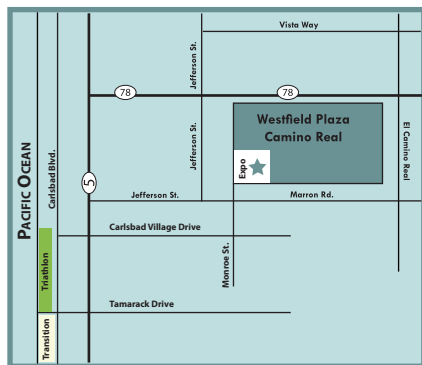
- ☐ Open Age Group
- ☐ Relay
- ☐ Elite
- ☐ Clydesdale/Athena

### I would like to switch to:

- ☐ Open Age Group
- ☐ Relay
- ☐ Elite
- ☐ Clydesdale/Athena

# 28<sup>th</sup> Annual Carlsbad Triathlon

Map to south west corner, Westfield Plaza Camino Real  
2525 El Camino Real, Carlsbad, CA 92008



## Carlsbad Triathlon Waiver of Liability

### 2009 CARLSBAD TRIATHLON July 12<sup>th</sup>

Waiver of Liability, Indemnification Agreement and Photo Release (please read before signing)

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, and/or producers of the event, and lack of hydration, I hereby assume all of the risks of my or my child's participation in this event. I certify that I am or my child is physically fit, have sufficiently trained for participation in the event and have not been otherwise advised against participating by a qualified medical person.

I acknowledge that this WAIVER AND RELEASE OF LIABILITY (WRL) FORM will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my or my child's actions and responsibilities at said event. In consideration of my or my child's application and permitting me or my child to participate in event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waiver, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event THE FOLLOWING ENTITIES OR PERSON(S): City of Carlsbad and City of Encinitas, State of California, and Spectrum Sports Management LLC and their officers, employees, agents, directors, volunteers, and elected and appointed officials; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my or my child's actions during this event. I hereby consent to receive medical treatment for myself or my child, which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my or my child's photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns. This WOL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

THE UNDERSIGNED PARENT AND NATURAL GUARDIAN OR LEGAL GUARDIAN DOES HEREBY REPRESENT THAT HE/SHE IS, IN FACT, ACTING IN SUCH CAPACITY AND AGREES TO SAVE AND HOLD HARMLESS AND INDEMNIFY EACH AND ALL OF THE PARTIES REFERRED TO ABOVE FROM ALL LIABILITY, LOSS, COST, CLAIM OR DAMAGE WHATSOEVER WHICH MAY BE IMPOSED UPON SAID PARTIES BECAUSE OF ANY DEFECT IN OR LACK OF SUCH CAPACITY TO SO ACT AND RELEASE SAID PARTIES ON BEHALF OF THE MINOR AND THE PARENTS OR LEGAL GUARDIAN. I UNDERSTAND THAT BY AGREEING TO THIS WAIVER I AM FREEING THE CITY OF CARLSBAD AND CITY OF ENCINITAS, STATE OF CALIFORNIA, AND SPECTRUM SPORTS MANAGEMENT LLC FROM ANY LIABILITY RESULTING FROM MY OR MY CHILD'S PARTICIPATION IN THE ACTIVITIES AND EVENTS REGISTERED. I RECOGNISE THAT THESE ACTIVITIES AND EVENTS CAN BE DANGEROUS TO ME OR MY CHILD AND ACCEPT THOSE DANGERS. I UNDERSTAND THAT IF I AM OR MY CHILD IS INJURED, THIS WAIVER WILL BE USED AGAINST ME AND ANYONE ELSE CLAIMING DAMAGE BECAUSE OF MY OR MY CHILD'S INJURY IN ANY LEGAL ACTION. I ALSO UNDERSTAND THAT NO CITY EMPLOYEE OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date